

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>			Docket No. <b>50623.134</b>						
In re Application of: <b>Shamim M. Malik, et al.</b>									
Serial No. <b>09/997,449</b>	Filing Date <b>November 30, 2001</b>	Examiner <b>Uyen T. Ho</b>	Group Art Unit <b>3731</b>						
Invention: <b>A MODIFIED IMPLANTABLE DEVICE SURFACE AND A METHOD OF MAKING THE SAME</b>									
<p style="text-align: center;"><b>TO THE COMMISSIONER FOR PATENTS:</b></p> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Final Office Action mailed December 11, 2007, in the above-identified application.</p> <p>The requested extension is as follows (check time period desired):</p>									
<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20%; padding: 2px;"><input checked="" type="checkbox"/> One month</td> <td style="border: 1px solid black; width: 20%; padding: 2px;"><input type="checkbox"/> Two months</td> <td style="border: 1px solid black; width: 20%; padding: 2px;"><input type="checkbox"/> Three months</td> <td style="border: 1px solid black; width: 20%; padding: 2px;"><input type="checkbox"/> Four months</td> <td style="border: 1px solid black; width: 20%; padding: 2px;"><input type="checkbox"/> Five months</td> </tr> </table>					<input checked="" type="checkbox"/> One month	<input type="checkbox"/> Two months	<input type="checkbox"/> Three months	<input type="checkbox"/> Four months	<input type="checkbox"/> Five months
<input checked="" type="checkbox"/> One month	<input type="checkbox"/> Two months	<input type="checkbox"/> Three months	<input type="checkbox"/> Four months	<input type="checkbox"/> Five months					
<p>From: <u>March 11, 2008</u> until <u>April 11, 2008</u></p> <p style="text-align: center;"><small>Date Date</small></p>									
<p>The fee for the extension of time is \$120.00 and is to be paid as follows:</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 07-1850.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefore and charge any additional fees which may be required to Deposit Account No. 07-1850.</p>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Dated: <u>March 27, 2008</u></p> <p>Squire, Sanders &amp; Dempsey L.L.P.</p> <p>1 Maritime Plaza, Suite 300</p> <p>San Francisco, CA 94111</p> <p>(415) 954-0200</p> </td> <td style="width: 50%; vertical-align: top; text-align: center;"> <p><u>/CK/</u></p> <p>Cameron Kerrigan</p> <p>Reg. No. 44,826</p> </td> </tr> </table>					<p>Dated: <u>March 27, 2008</u></p> <p>Squire, Sanders &amp; Dempsey L.L.P.</p> <p>1 Maritime Plaza, Suite 300</p> <p>San Francisco, CA 94111</p> <p>(415) 954-0200</p>	<p><u>/CK/</u></p> <p>Cameron Kerrigan</p> <p>Reg. No. 44,826</p>			
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